




The Science of Seat Cushions

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Important characteristics of wheelchair cushions

- 
- **Mechanical Properties**
 - Load deflection
 - Recovery
 - Impact Damping
 - Loaded contour depth
 - Frictional properties
 - **Load redistribution**
 - Envelopment
 - Off-loading and redirection
 - Interface Pressure Distribution
 - **Heat & Water Vapor Dissipation**

Cushion Materials:

Material combinations dominate

- Foam/flexible matrix: GeoMatt, Supracore, Fundamental
- Foam & Elastomer/gel: Southwest Technologies, Action
- Foam & Viscoelastic Foam: Maxus, Infinity, Ultimate
- Foam & Viscous Fluid: Jay, Cloud, Skil-Care
- Air: Roho, Star, BBD
- Air & Foam: Varilite, Nexus





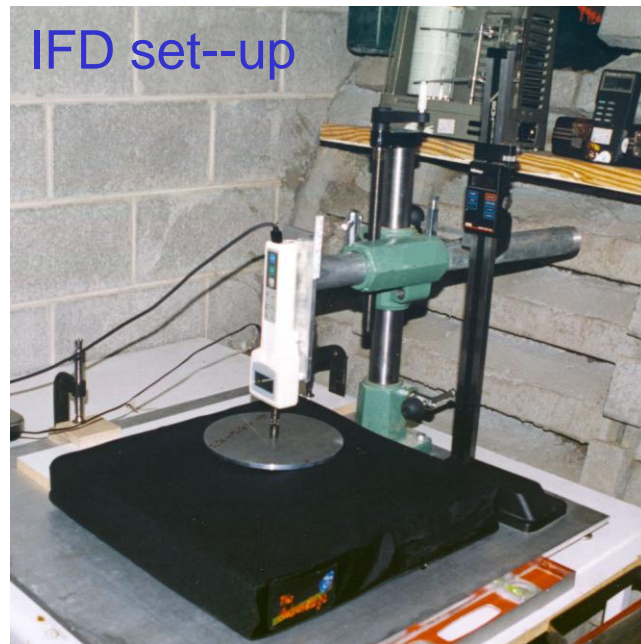
Mechanical Properties

- Different materials accommodate body load in different manners
 - foam and air: compression
 - gel and viscous fluid: displacement
 - cover (bladder and/or fabric): tension

Mechanical Properties:

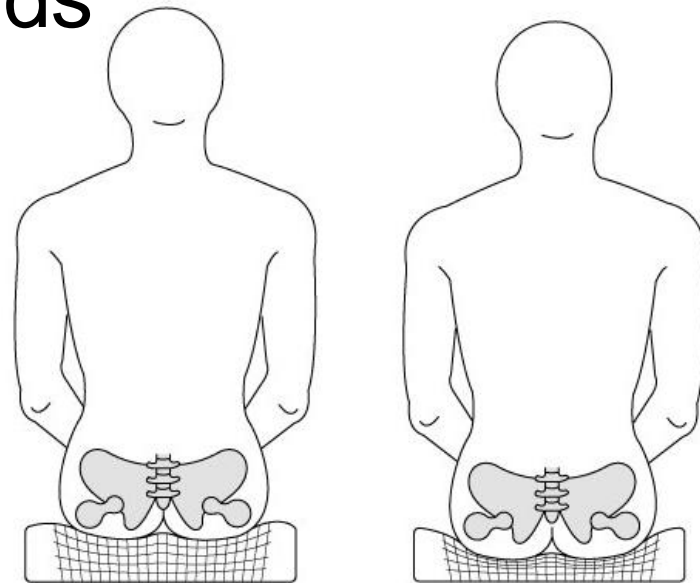
Load deflection

- Stiffness is a measure of deflection under a given load
 - Foam: Indentation Force Deflection
 - Elastomers and gel: durometer
 - Viscous Fluid: viscosity & bladder volume
 - Air: Internal air pressure and bladder stiffness

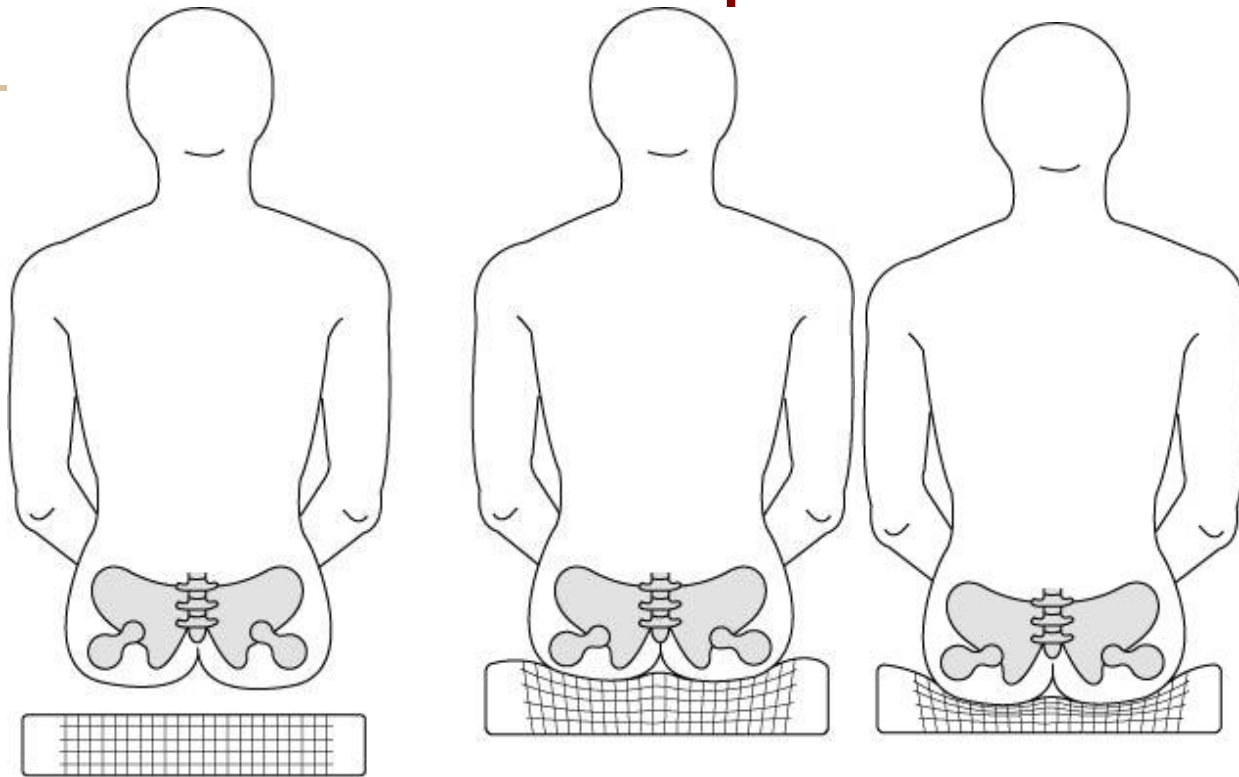


Load Deflection

- The trick is finding the proper stiffness
 - Too stiff → high loads 2° to poor deflection
 - Too soft → bottoming-out 2° to over-deflection
- Material combinations used to accommodate various needs



Foam: compression



Sitting on foam induces compression bending, tension of material

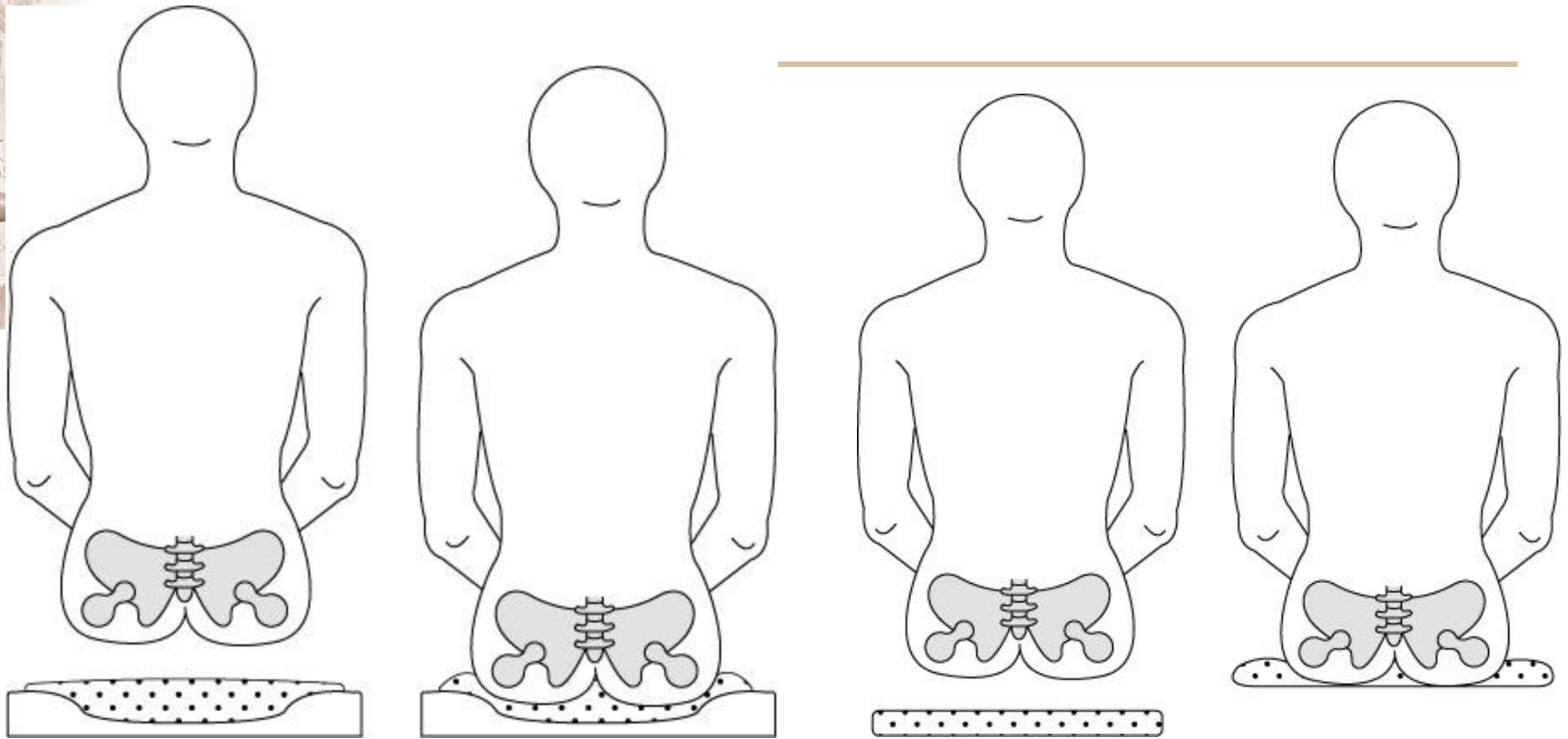
Segmented foam is functionally softer- reduced surface tension

(foam does not like to stretch)

Trick is to find foam that compresses just enough (40-60 IFD is typical for 3")

Foam gets softer over time (fatigue)- look for tears, compression set

Viscous Fluid



Requires proper base, bladder and volume of fluid

Best viscous fluid cushions are combination cushions
(bladder alone would not be good)

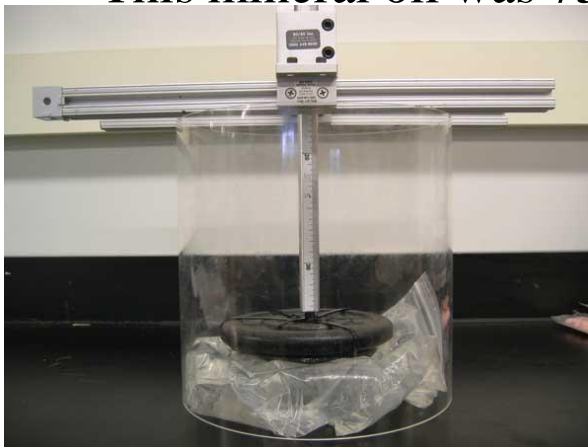
Concept: allow fluid to flow and contain buttocks

Volume of fluid impacts immersion, not viscosity

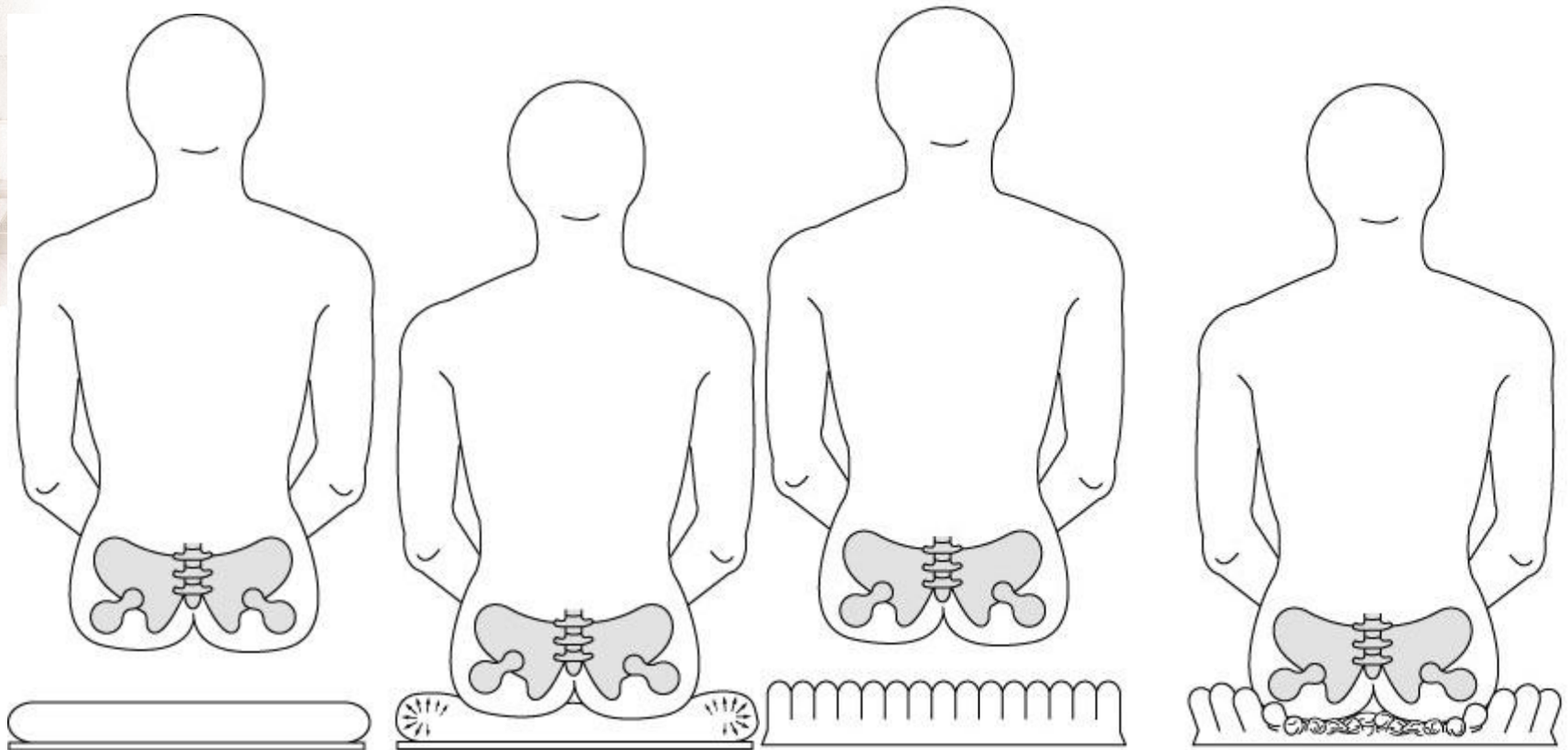
Viscous Fluid: volume not viscosity matters

	Beveled Indentor	12 lb Bowling Ball
High viscosity Mineral Oil		
200 ml x 10 bags	2.3	2.8
150 ml x 10 bags	1.8	1.7
WATER		
200 ml x 10 bags	2.4	3
150 ml x 10 bags	1.6	1.8

This mineral oil was 75x more viscous than water



Air: container and volume matters



Single bladder system

Single air pressure

Envelopment highly bladder dependent

Multi-segmented bladders

Single air pressure

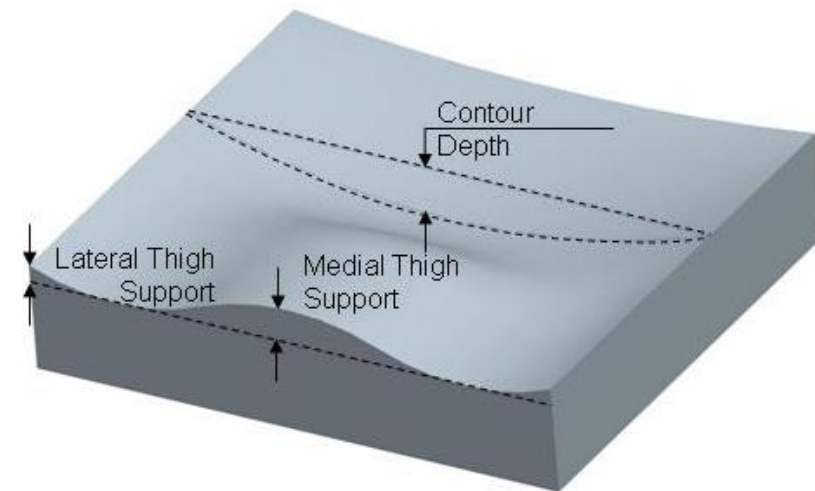
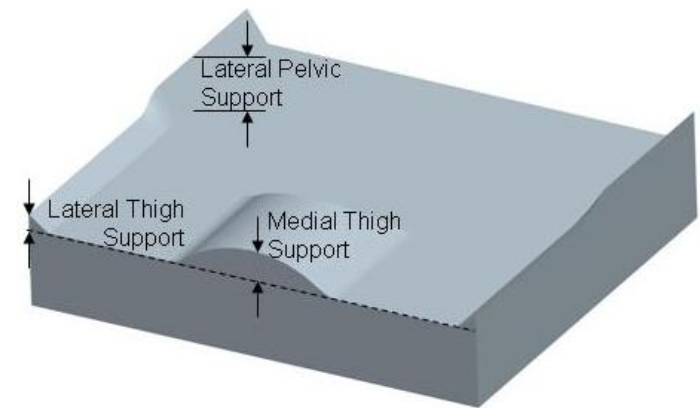
Segment collapse and expansion

All adjustable cushions require assessment

Over-inflation risk

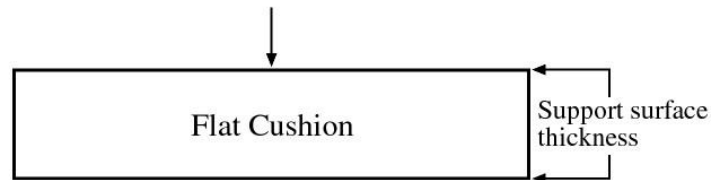
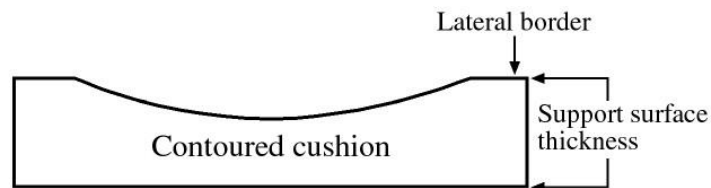
Contoured and Positioning cushions

- “Positioning” can mean correction, accommodation, alignment or stability
- Contour depth helps determine *site specificity* and maybe something about *transferring* and *positioning*
 - The more complex the features, the more site-specific the fit
 - The more aggressive the support, the greater the potential impact on positioning and transferring
- Simple height and depth measurements may be descriptive but do not reflect performance
 - How high is high enough?
 - How deep a contour is enough?

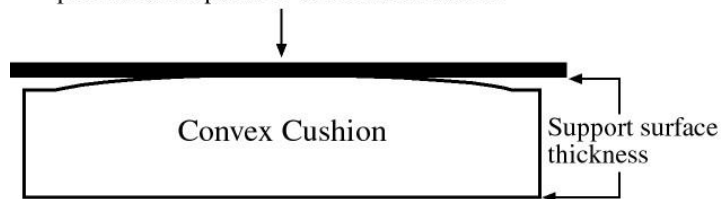


Support Surface v. Overall Thickness

- Thickness of a cushion has clinical relevance
 - And measurement of contour depth must also report thickness
- Supporting material must be distinguished from non-support material
- Certain cushions must be measured in different manners



Support surface thickness measured after placement of plank to level fluid/material





Contouring impacts stiffness

- Flat cushions must deform to reach the final shape of the buttock-cushion interface
- Contoured cushions are closer to the final buttock-cushion interface shape

In Clinic, How can we use this knowledge?

- What style of product do we choose?
- How much maintenance and adjustment is required for it to function consistently over time?



In Clinic, How can we use this knowledge?



- Foam might be the perfect solution...
 - What's the life expectancy of this foam?
 - What happens if the clients shape changes?
 - What happens if the foam breaks down and changes the shape relationship?
- Consider how long it's required to last
- What changes are predicted to occur with the client



Maybe Fluid is the choice...

- Do I have the right amount of viscous fluid?
- When tried – is the client “in it, or on top of it?”
- When using air, can the client do the required maintenance consistently?



Load redistribution

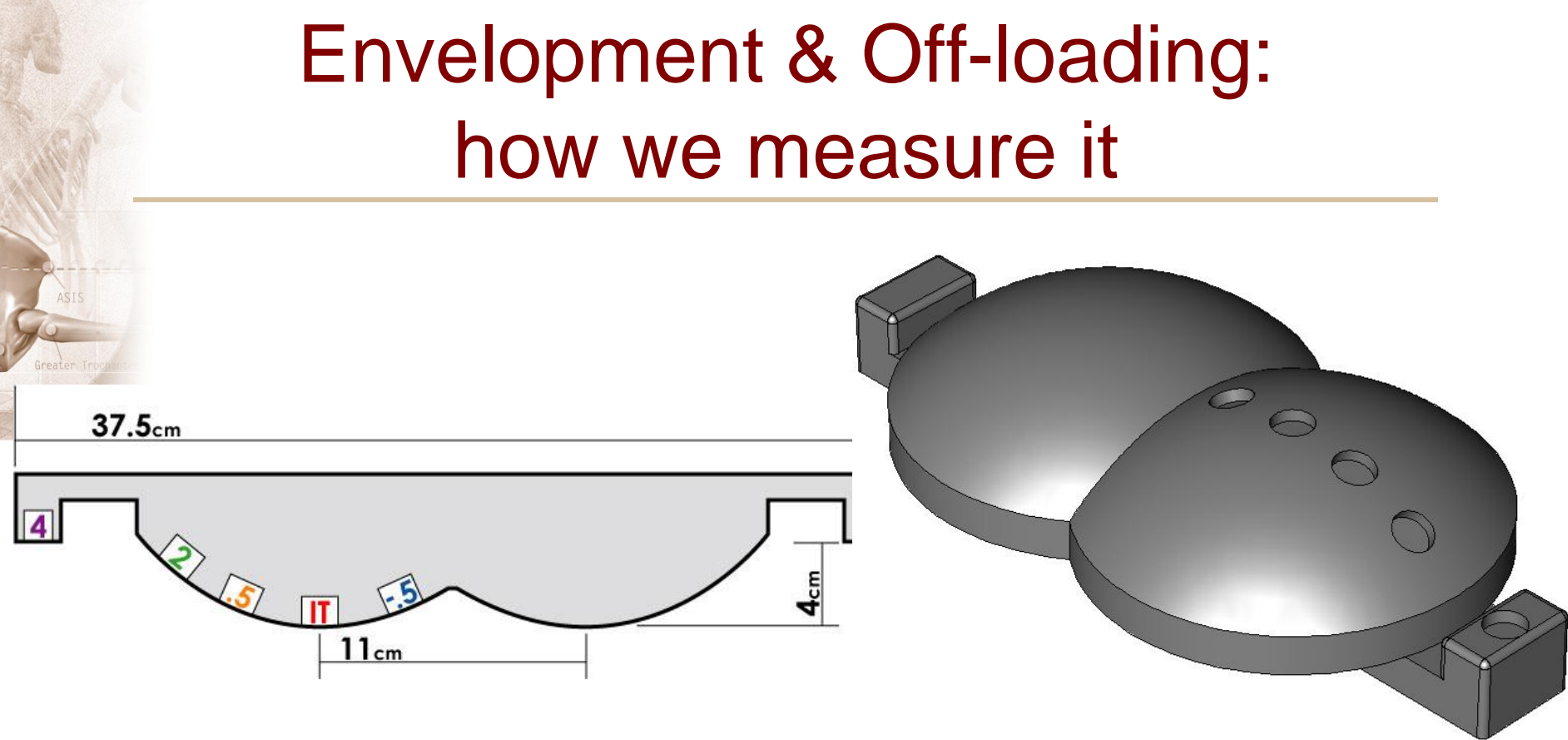
- The ability of a cushion to manage loads on the buttock tissues impacts tissue health and comfort
- Techniques used include:
 - Envelopment
 - Redirection of forces (including off-loading)

Envelopment

- Capability of a support surface in deforming around and encompassing the contour of the human body.
- An enveloping cushion should have the ability to encompass and equalize pressure about irregularities in contour due to buttock shape, objects in pockets, clothing, etc.



Envelopment & Off-loading: how we measure it



Parity: how equal are the 3 most inferior values; 0 means parity

Magnitude: sum of 3 most inferior values

Redirection of forces & off-loading

- Choosing where to apply loads on the body is commonly used in prosthetics and orthotics
- Several cushion designs use this approach to reduce ischial loading
 - Isch-Dish; Ride Designs
 - Contoured systems
 - Any system with 'reliefs' in a region



Envelopment measures

Values closer to 0 reflect best envelopment

Envelopment

Parity

Reference flat HR45

0.44

Air & foam

0.07

Cellular matrix

0.06

convoluted foam

0.20

viscoelastic foam

0.20

segmented air

0.08

viscous fluid &
countoured foam

0.02

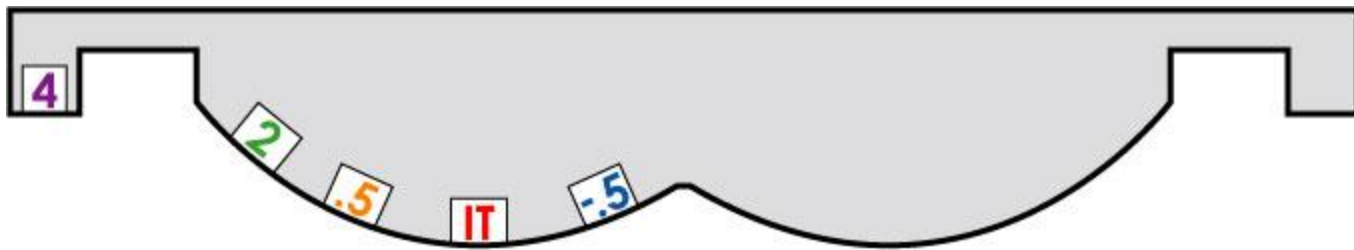
Envelopment + Magnitude



	Envelopment		Magnitude	
	Parity			Mag IT Load
Reference flat HR45	0.44			323
Air & foam	0.07	similar	not similar	267
Cellular matrix	0.06			174
convoluted foam	0.20	similar	not similar	242
viscoelastic foam	0.20			168
segmented air	0.08			127
viscous fluid & countoured foam	0.02			128

Characterizing Load Distributing Performance

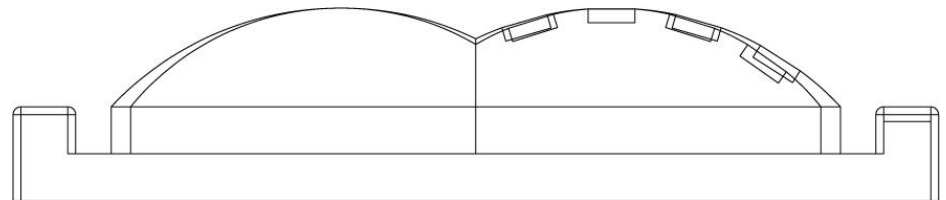
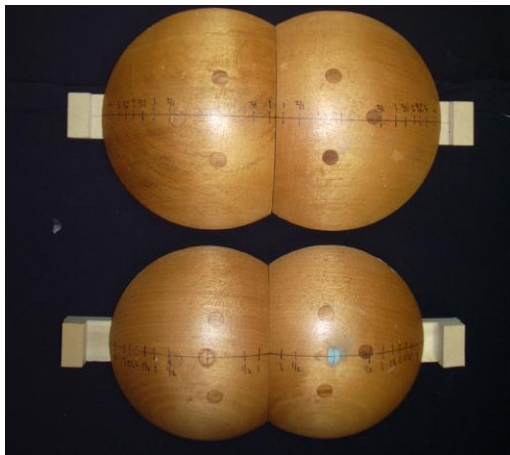
- One value is not enough
 - Magnitude
 - Envelopment
 - Immersion



Characterizing Adjustability

- Measuring the ability to adjust to different types and sizes of people
 - 2 weights
 - 2 models
 - Comparison to flat foam

	56 Kg	84 Kg
Std model		
Peaked model		



In Clinic, How do we use this knowledge?



- Immersion
- Envelopment
- Magnitude

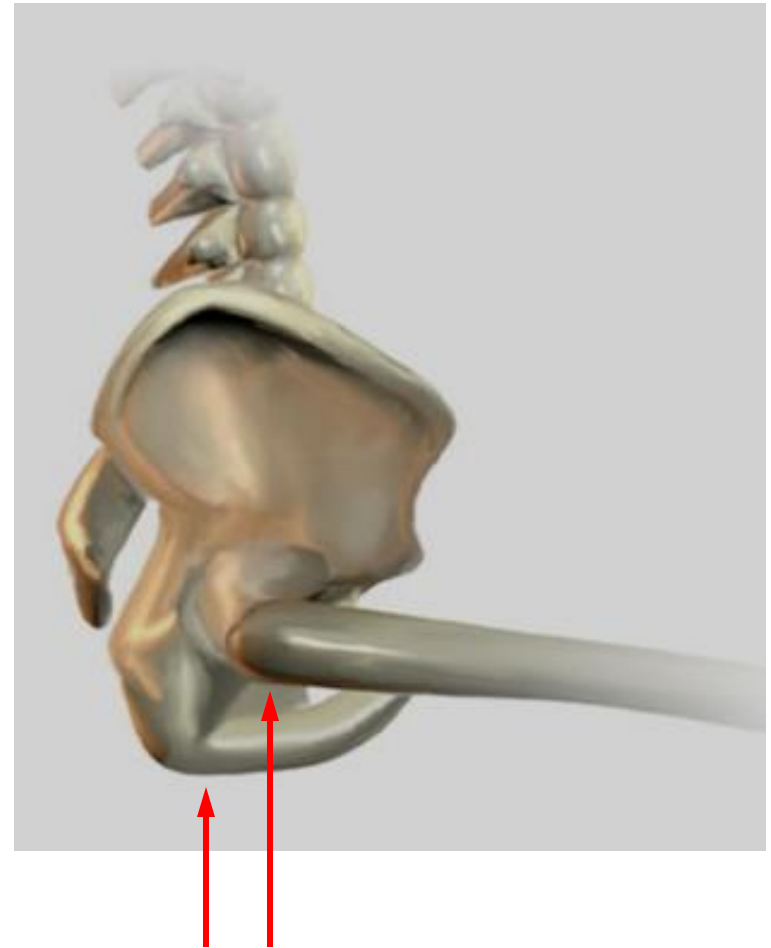


Immersion

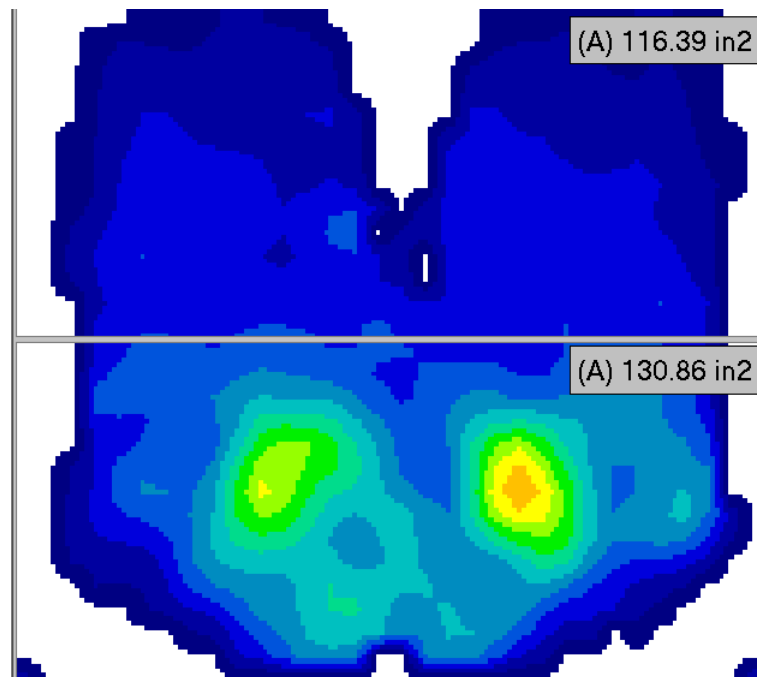
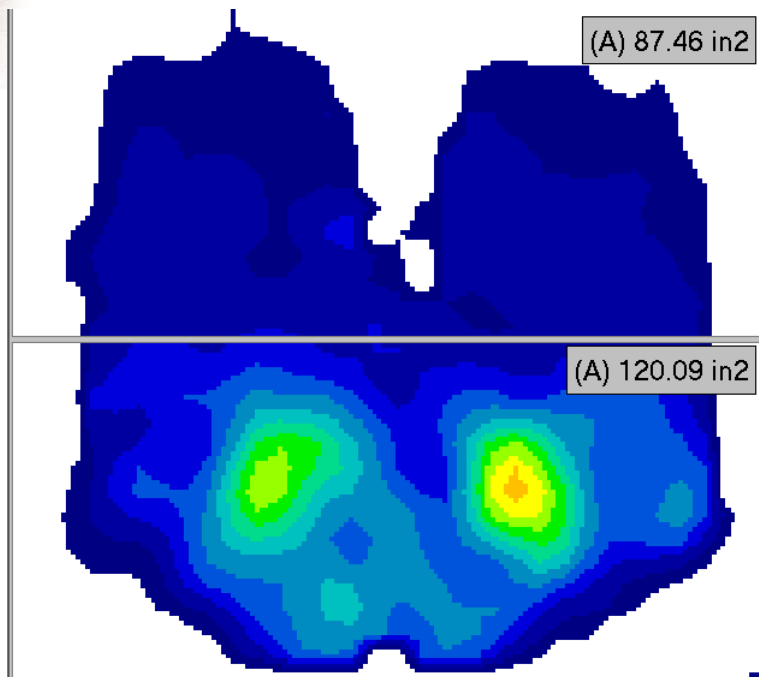
- How far does the client sink in?
- Tools we have to determine this...
 - Visual inspection of how much the pelvis, thighs and trochanters are immersed into the cushion
 - Pressure Mapping
 - ▶ Surface contact area

How much does the pelvis sink in?

- Palpation and visual inspection
- Remember the ischials in a bony person need to be able to immerse approx 2" without bottoming out



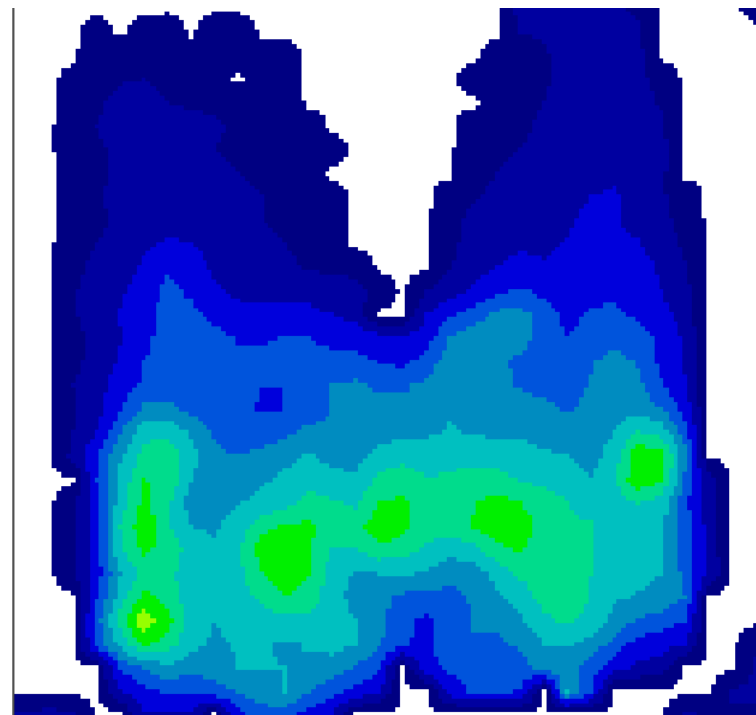
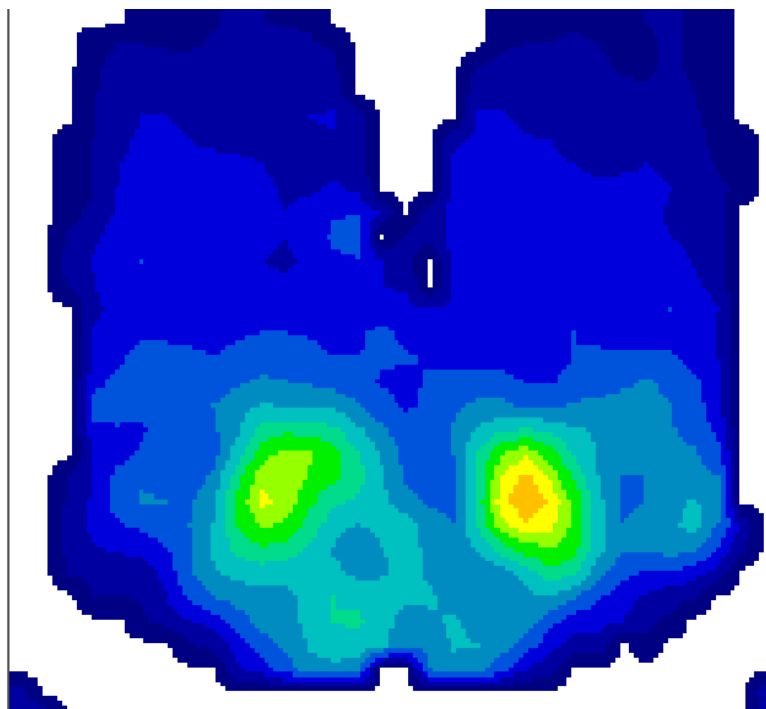
Approx. 2"



Envelopment

- How intimate is the shape formed with the clients shape?
- What tools have we to determine this?
 - Hands and eyes – Difficult.....
 - Pressure Mapping
 - ▶ Color distribution and gradient





How much does this matter when



....Anything that interferes with the conformation is placed over top of the conforming material?

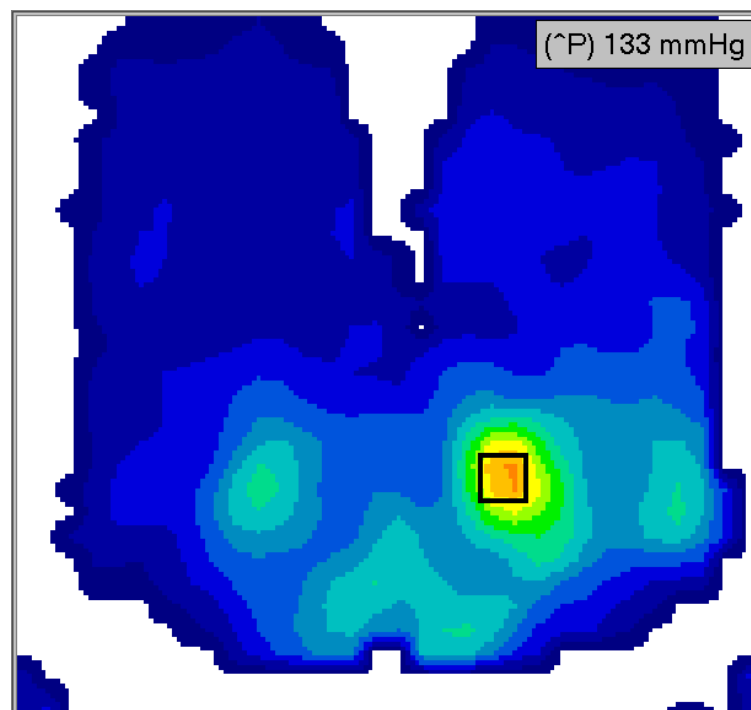
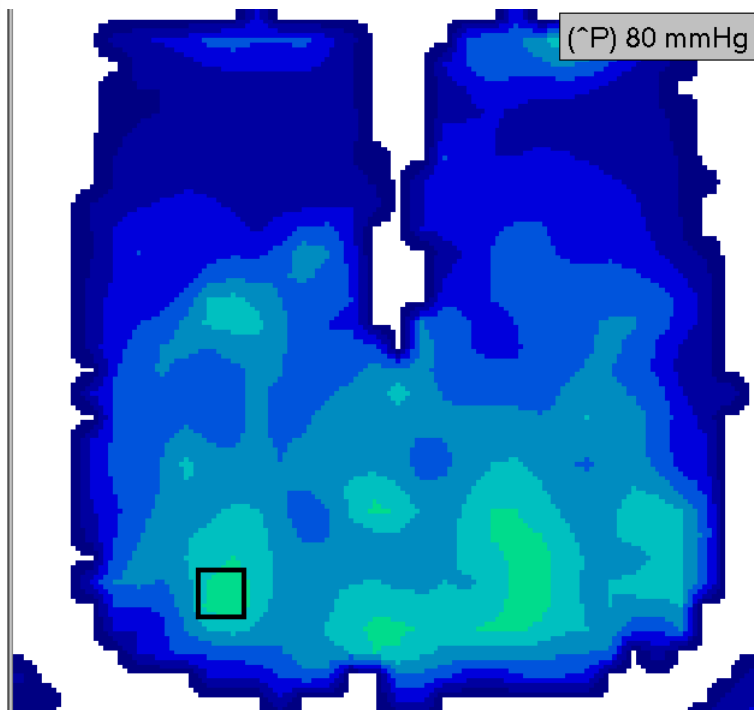
- Chuck pads
- Slings
- Diapers
- The list goes on.....!!!!



Magnitude

- How well has the cushion distributed the pressure
- The goal is usually to decrease the pressures on the IT's and spread to areas that can take load
- Tools to determine this...
 - Pressure Mapping
 - Where are the risk sites and how high is the pressure there?







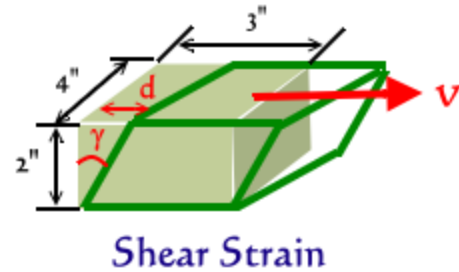
Redirection of forces

- Choosing where to apply loads on the body
- Generally we try to
 - load the areas tolerant of load
e.g. the posterior thigh, feet and thorax
 - redirect load from areas less tolerant,
e.g. the ischials, sacrum

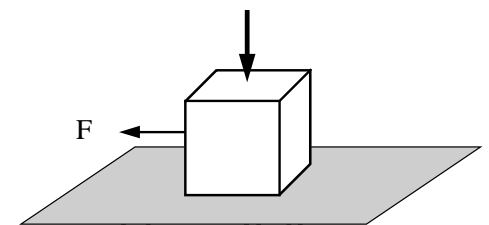
The BIG Questions –

- Can the client tolerate load for long periods of time on these areas?
- Does the client **consistently** get put into this shape that has been created for them
- If they need to move – can they?

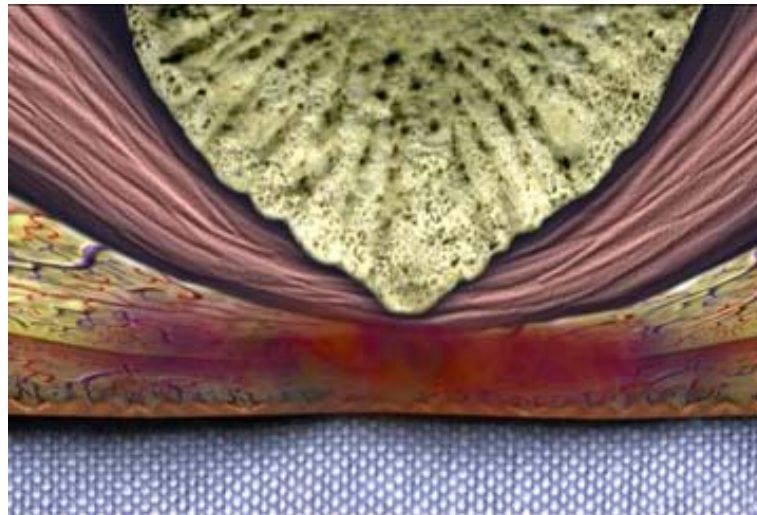
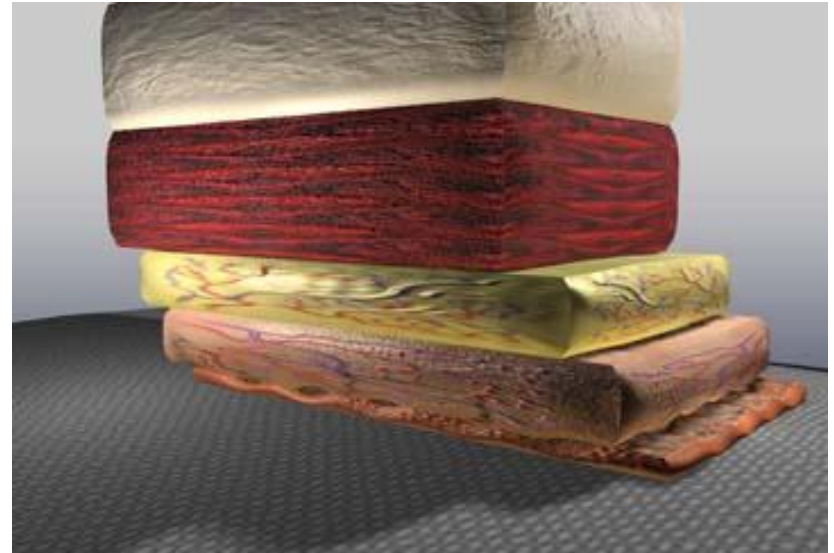
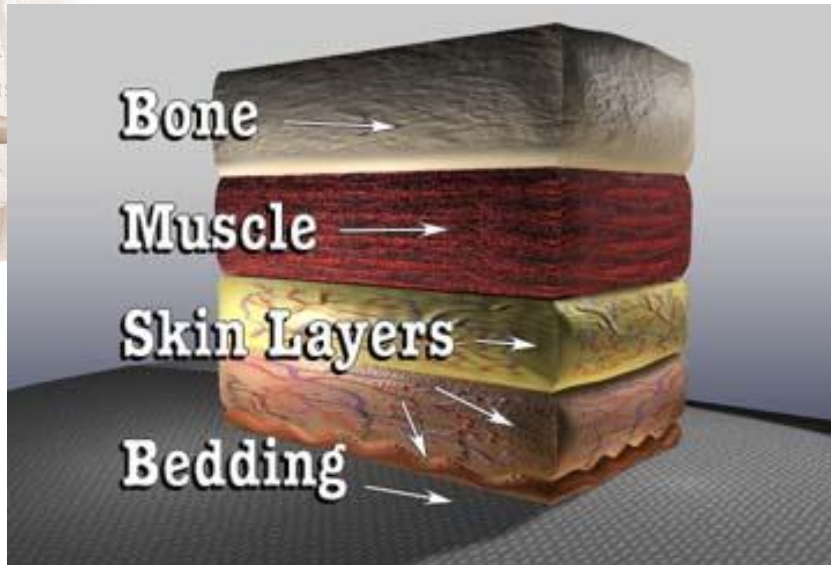
Shear and friction



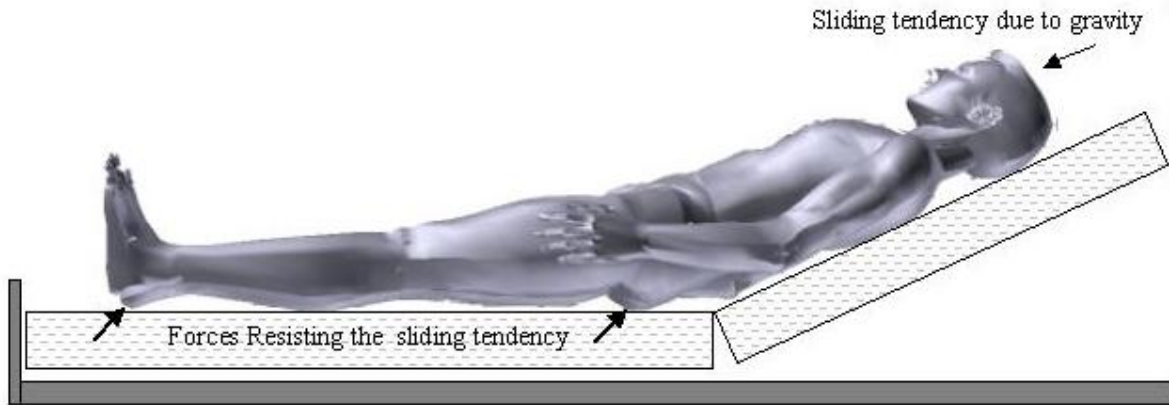
- Shear
 - Actually, *shear strain*- movement of tissues in relation to bony structures; tissue deformation
- Friction:
 - contact force that impedes sliding
 - clinically, often refers to damaging forces caused by sliding
 - frictional forces are proportional to normal forces
- Friction is a type of shear force, but not all shear forces are friction
- ALL forces on tissue (normal, friction, shear) induce shear strain in tissue
 - Any interaction causing tissue deformation will induce strain



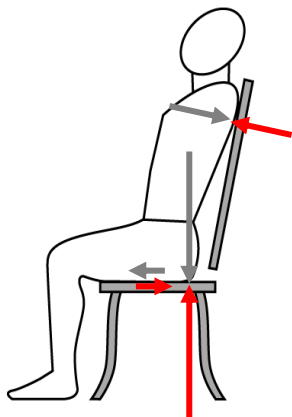
Shear strain in tissues



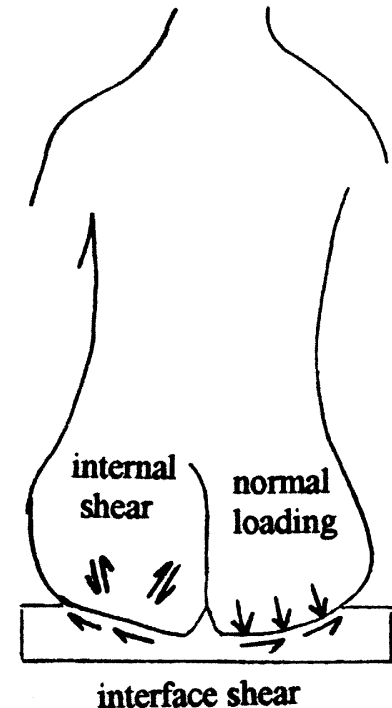
Friction and Shear



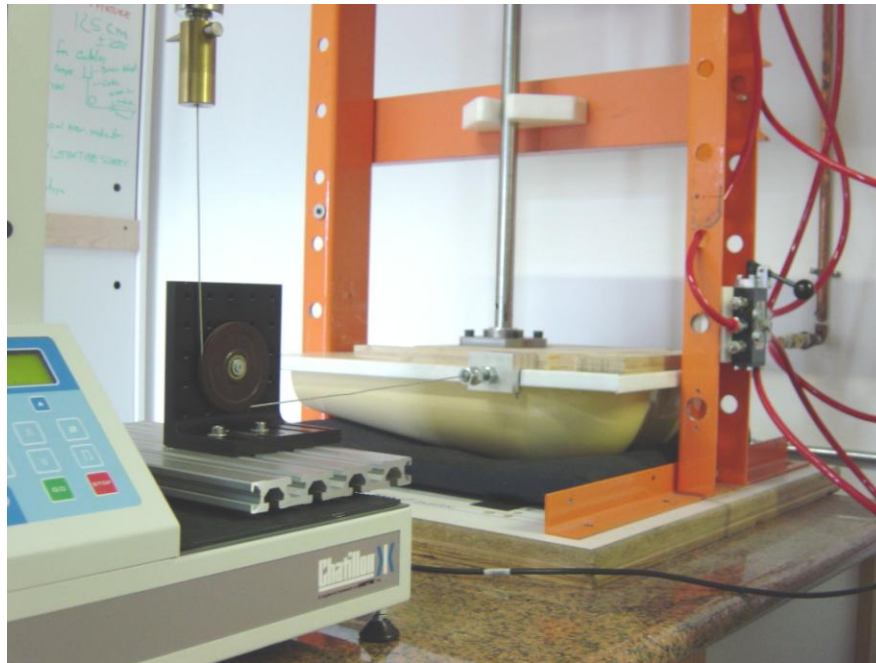
Frictional forces due to semi-recumbent position



Anytime a backrest is used, friction must exist to keep a person seated



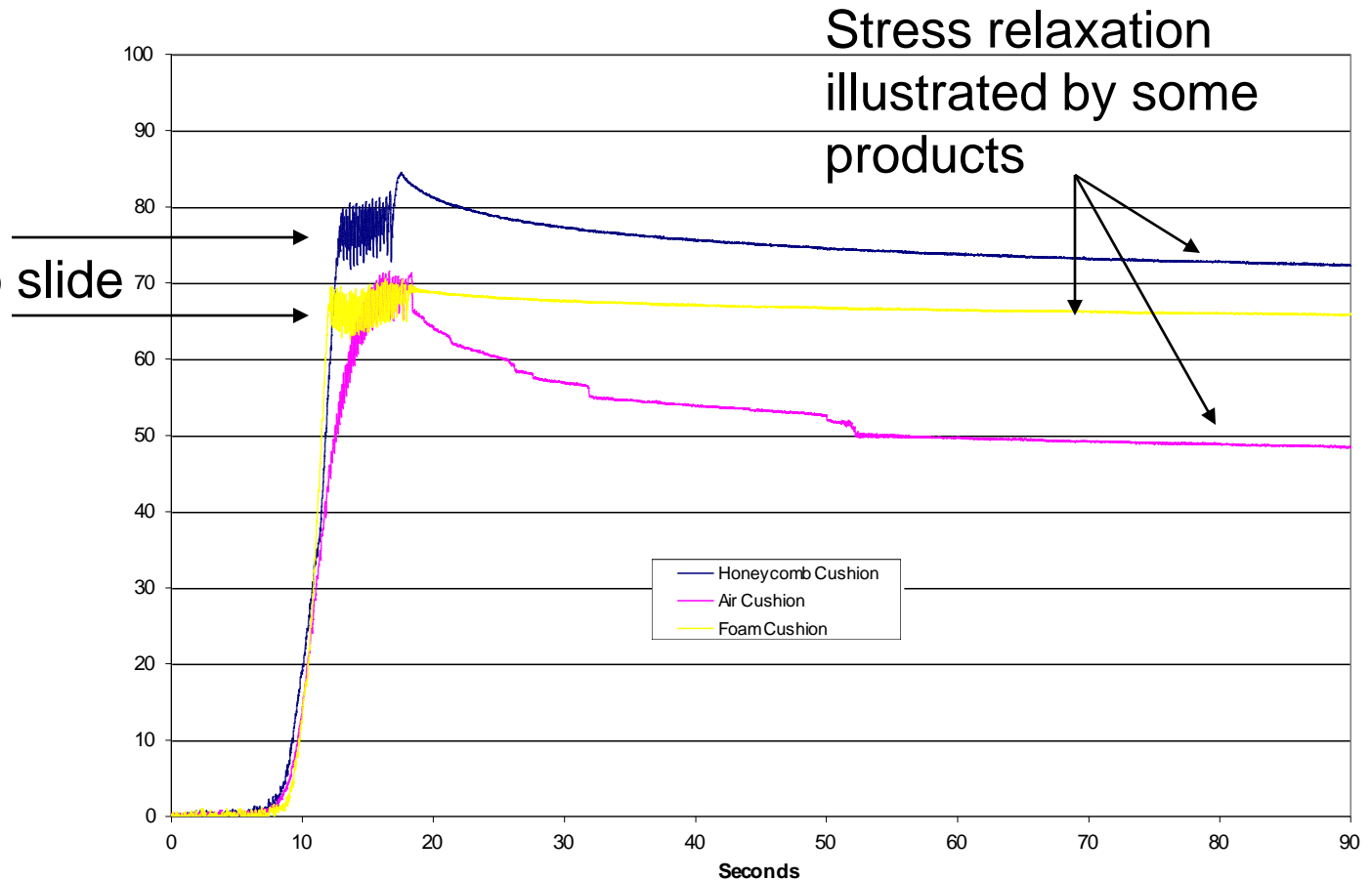
Horizontal Stiffness Sliding Resistance



Horizontal Stiffness Data

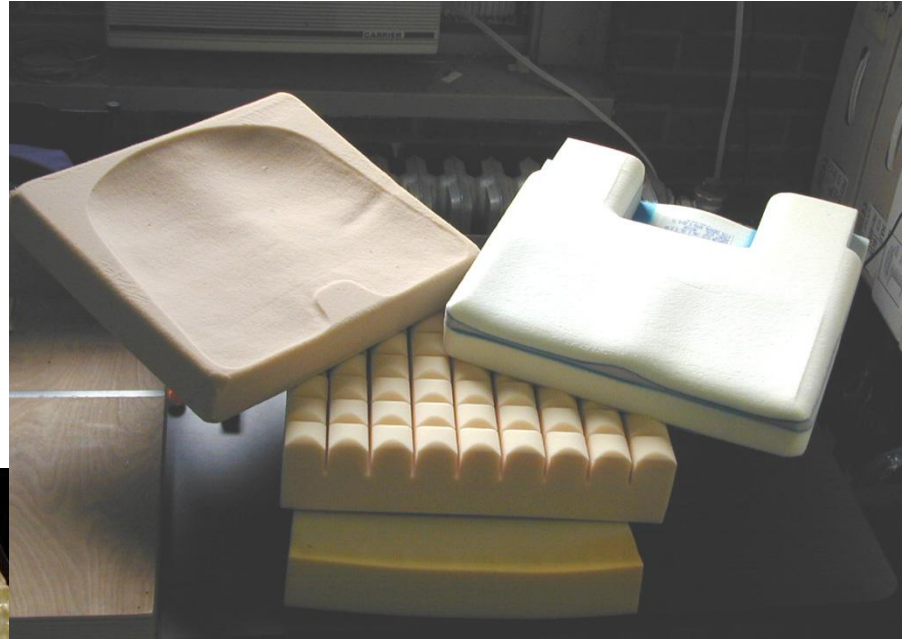


Height shows
force required to slide



Horizontal Stiffness

High Horizontal Stiffness



Low Horizontal Stiffness



Cushion impact on Posture & Reach

Sprigle, et. al, 2002

- SCI subjects
- Forward & lateral reach; uni- and bilateral
- 3 cushions
 - Roho HP
 - Jay 2
 - Varilite evolution
- No differences in reach or posture across subjects
- Subjects did reach and sit better on a particular cushion

How does this impact tissue integrity & function



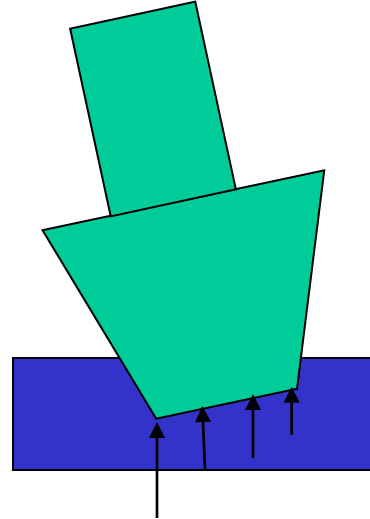
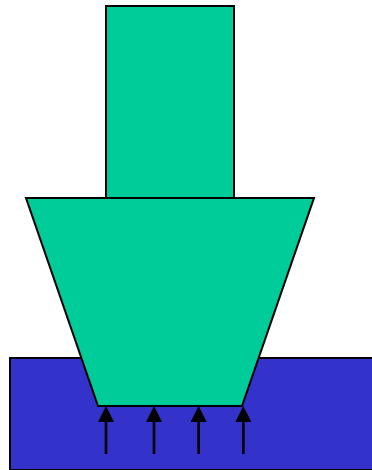
- Friction is ever present
 - Required to keep one in the cushion
 - Too much can hinder transfer and adversely impact tissue
- Some cushions are harder to slide upon
 - May help with positioning but hinder transfers
- “Functional Stability” reflects design and strategy



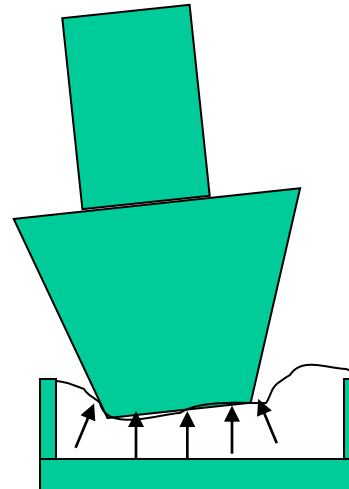
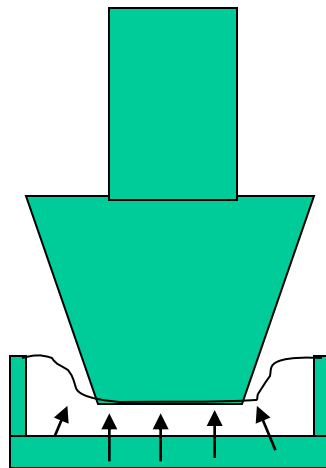
Resilience & recovery

- Ability to return to original dimensions after a deforming force is removed
 - Recovery relates to a slower process
 - Resilience reflects a more rapid response
- Ability to absorb energy
 - Impact and vibration

Resilience during lean

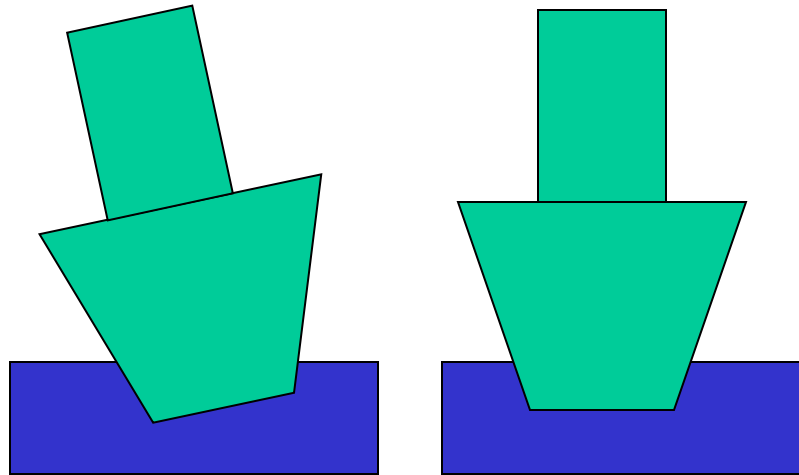


Resilient material-
↑ compression leads
To ↑ reactive forces
(like a spring)

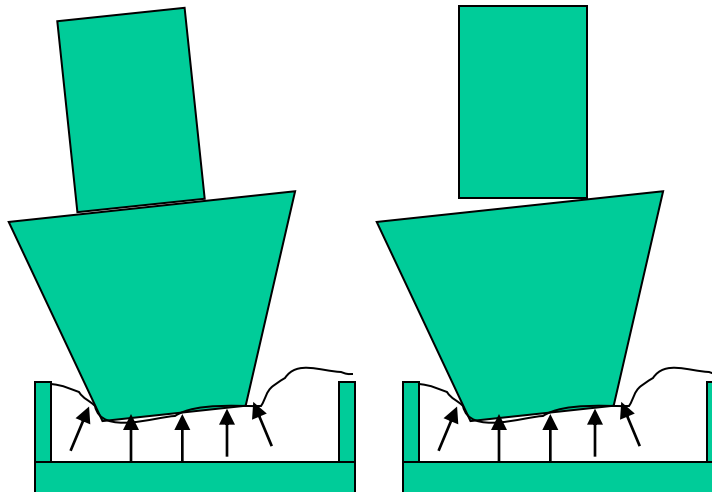


Stress relaxation
allows nonresilient
materials to relax
when deformed

Recovery- during & after a lean



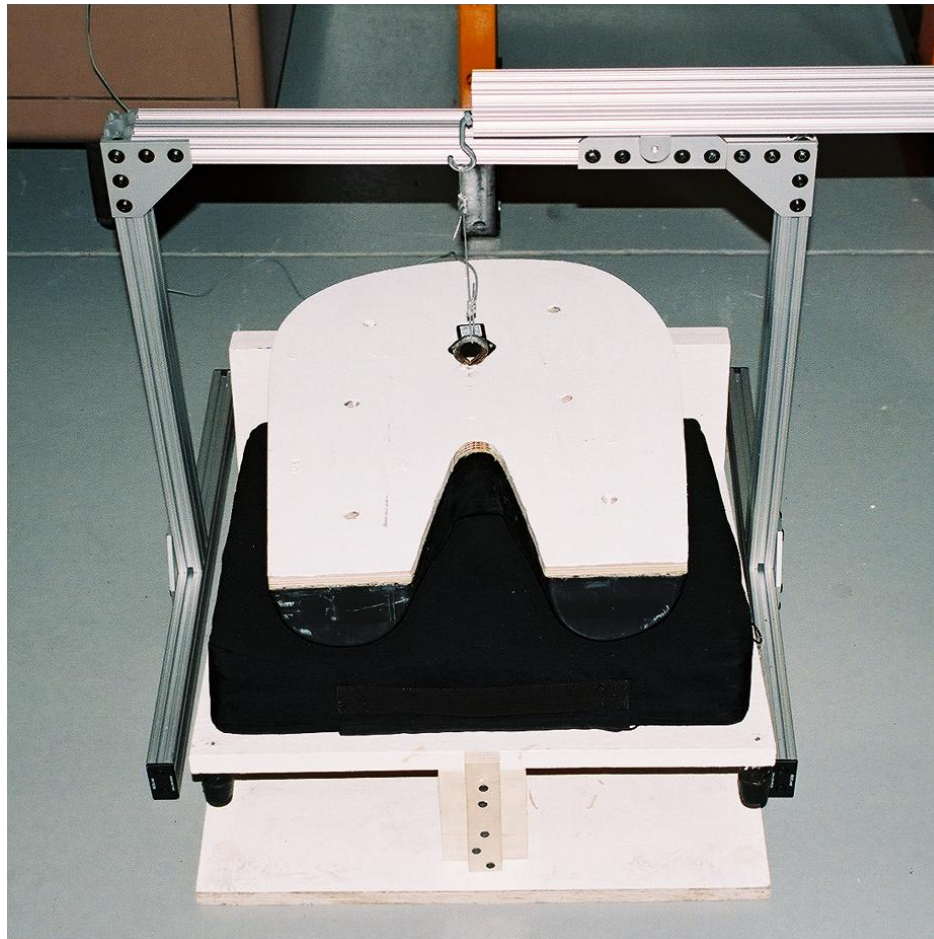
Resilient material-
Resets itself after
deformation



Non resilient material-
Responds to loads
and does not reset
automatically

Impact Dampening

A measure of resilience & ability to absorb accelerations during everyday mobility





Impact Dampening

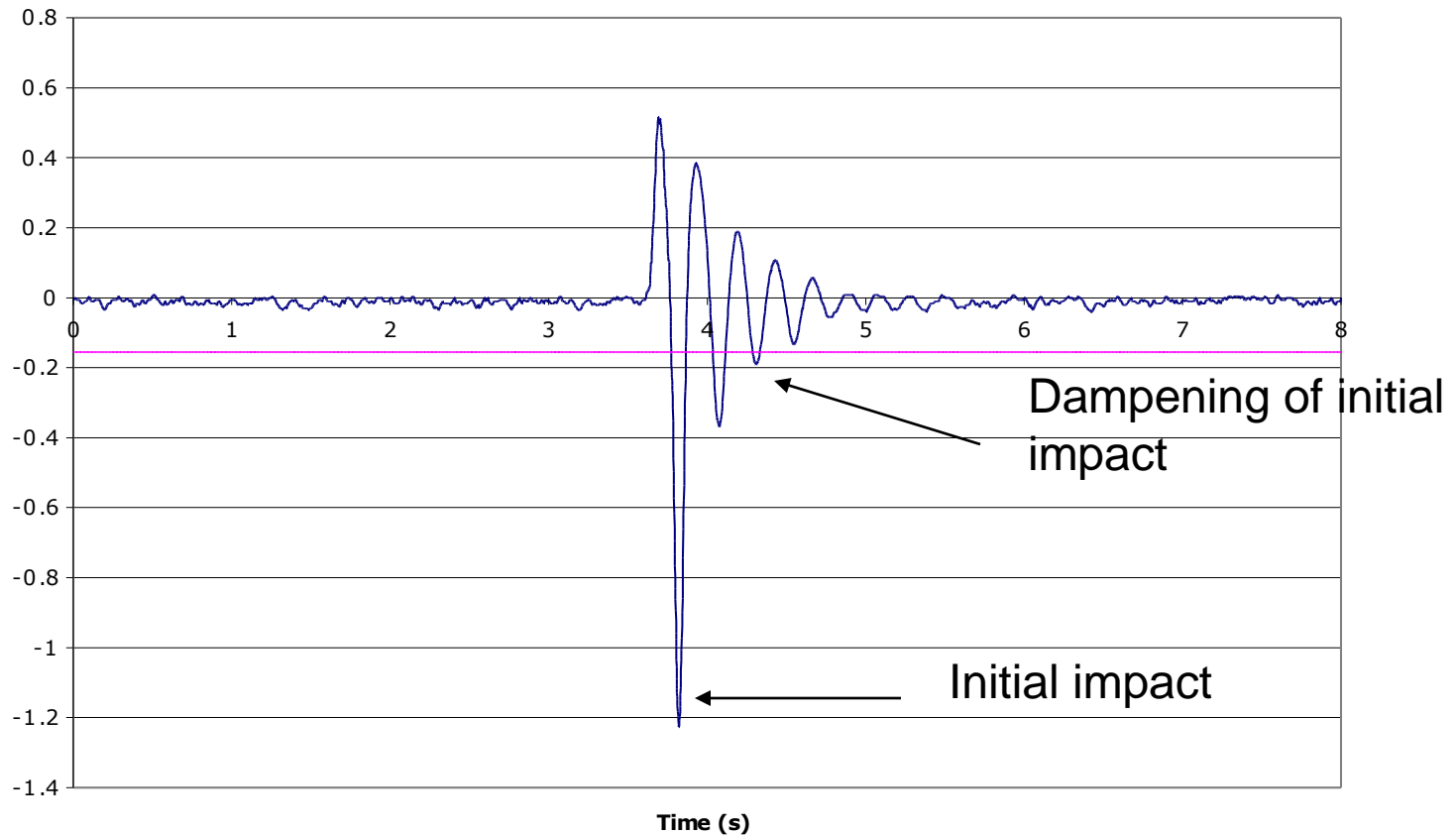
- Accelerations seen by the body
 - Vibration exposure
 - Force ($F=mA$)

Impact Dampening Test

45 ILD Foam



Impact Dampening G's vs Time



Impact Dampening

Low Impact Transmission



Higher Impact Transmission





Accelerations in everyday mobility

- Accelerations influenced by
 - Speed
 - Surface
 - Wheelchair design and configuration
- Everyday wheelchair usage
 - Most travel <1 mile
- Over everyday barriers, cushion does not have a significant influence on accelerations
 - DiGiovanna, et. al, 2003
- Impact dampening may be important for a select number of users
- Cushion is only one of several influences



Temperature, Humidity, Friction

3 Friends



Friction and Moisture


- As moisture increases, friction increases
 - \uparrow softness \rightarrow \uparrow contact between surfaces
- Excessive moisture weakens skin's ability to withstand load



Segueing from moisture to temperature

- Linked via perspiration
 - ↑ skin temp induces perspiration
 - Obviously other sources of moisture

Temperature and it's impact on tissue viability

- 
- ↑ tissue temperature ↑ metabolic demand
 - Added demand coupled with reduced nutrient delivery leaves tissues vulnerable
 - Evidence suggests that reduced temperature has protective influence
 - Kokate (1995)
 - Patel (1999)
 - Kokate: “At a given pressure, ... lower temperatures exert a significant protective influence with respect to the development of pressure ulcers”



Temperature and pressure

- Lachenbruch (2005)
 - 2nd analysis of published data
 - 8°C decrease in skin temperature is equivalent to a 29% reduction in interface pressure
 - Rightly advocates attention to skin temperature

Heat: Insulators & Conductors

- Foam is an insulator
- Water is a good heat conductor



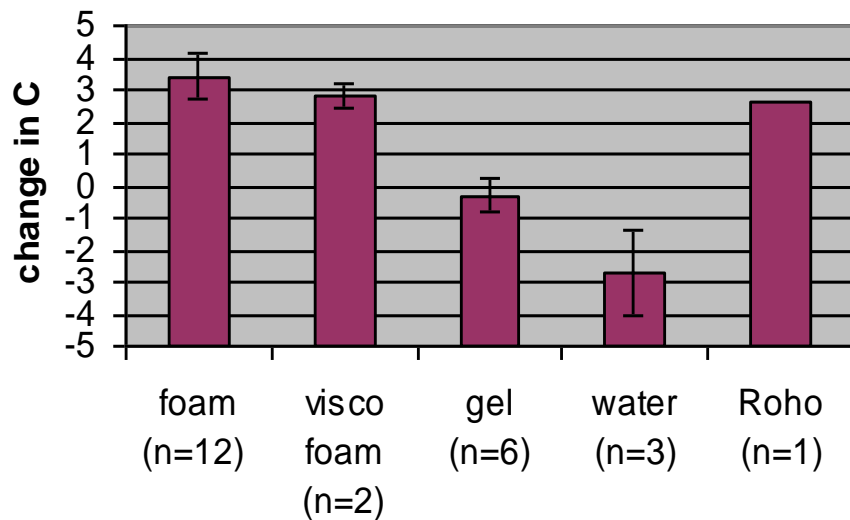
Low Thermal Mass

High Thermal Mass

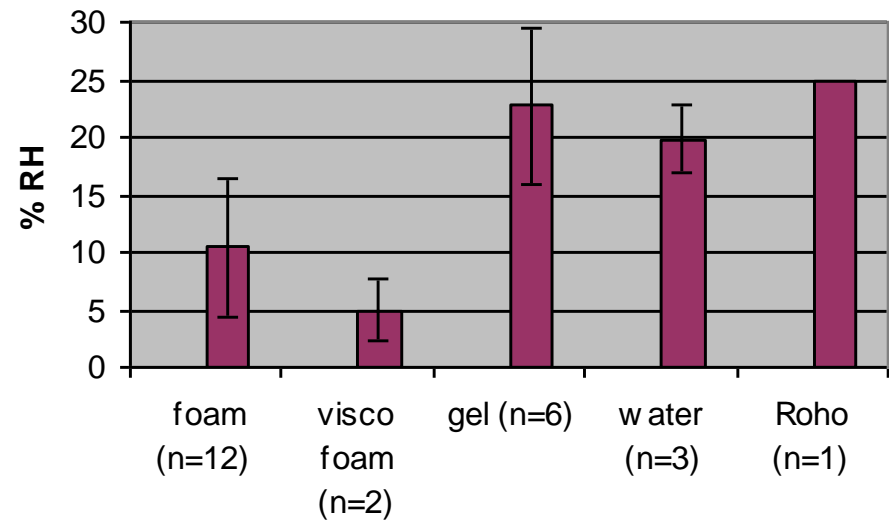


Temperature & Humidity changes over 1 hour

Temperature changes @ 1 hour



Relative Humidity Change @ 1 hr



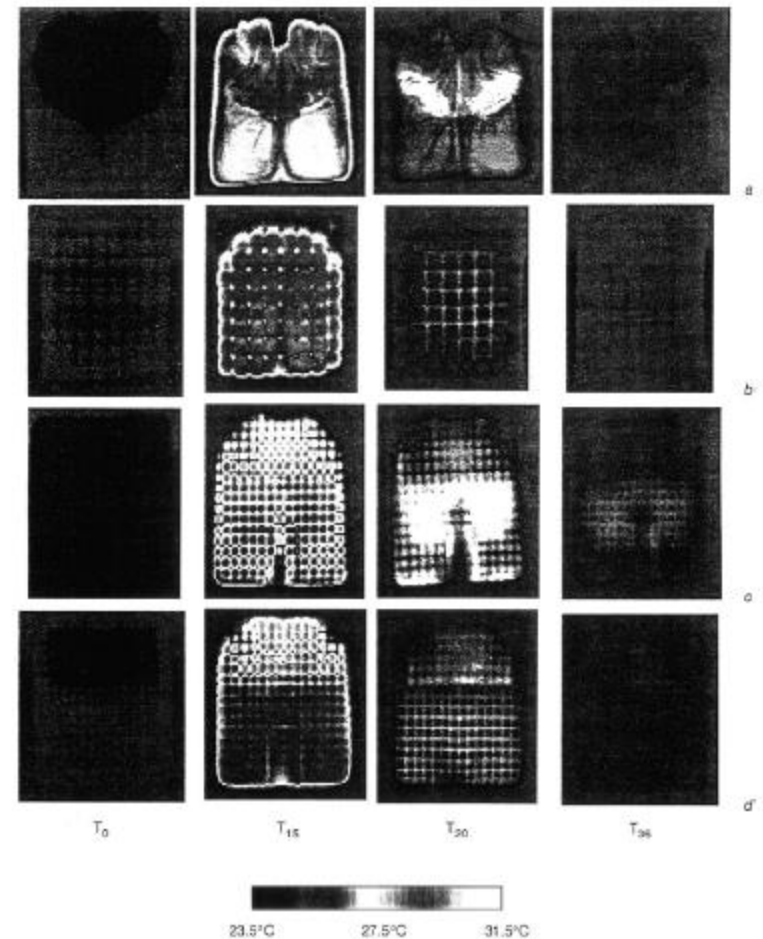
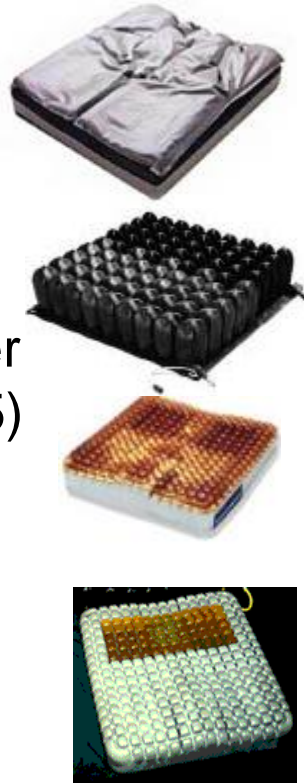
Foam & visco foam: warmer & drier
Gel & water: cooler & moister

(Stewart, 1980)

Heating up and cooling down

- Sequence of images taken
 - Before sitting (T_0)
 - After 15 of sitting (T_{15})
 - 5 & 15 minutes after transfer (T_{20} & T_{35})

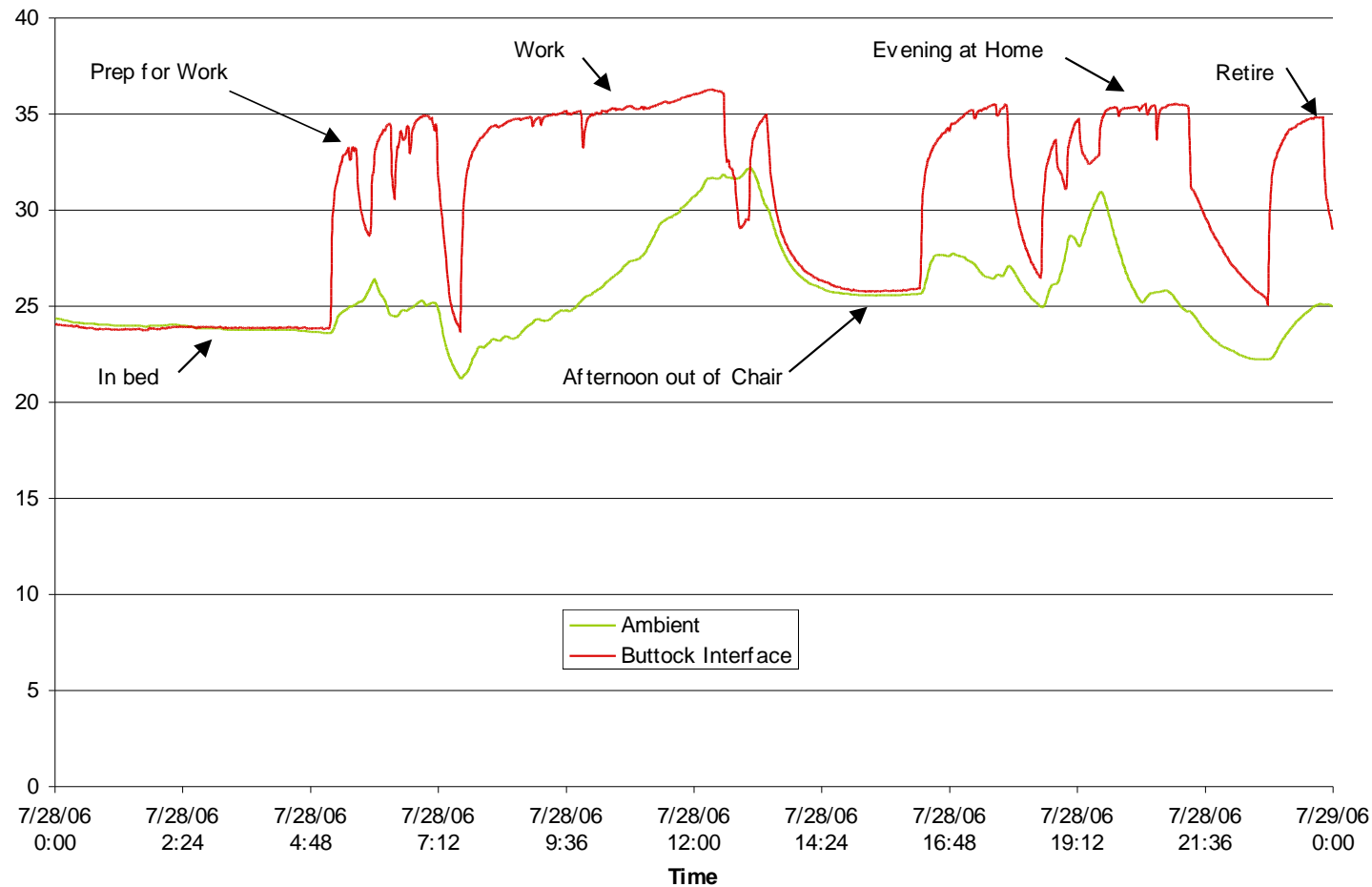
Cushions that take a longer time to warm up, take a long time to cool down



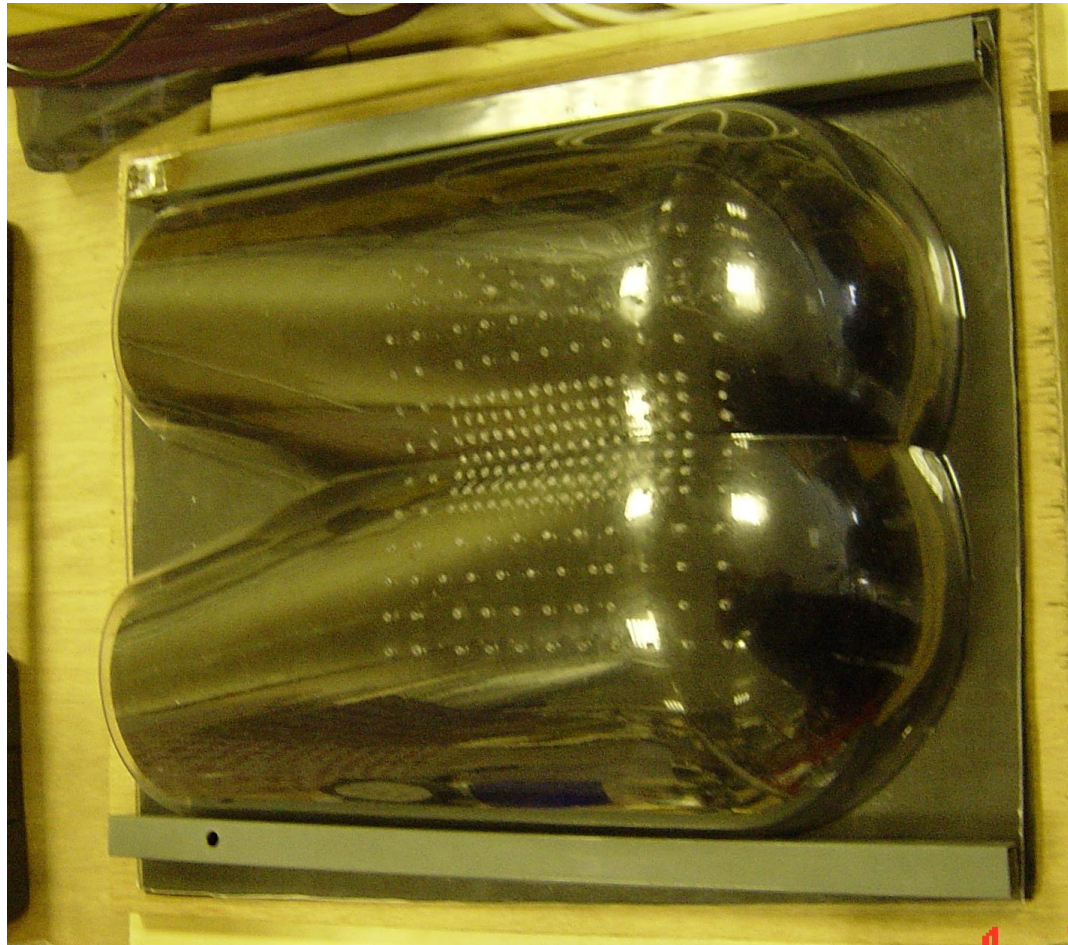
Logging Temp over 24 Hrs



Male #1 Summer Cushion Temperature 07/27/0



Heat and Water Vapor Test

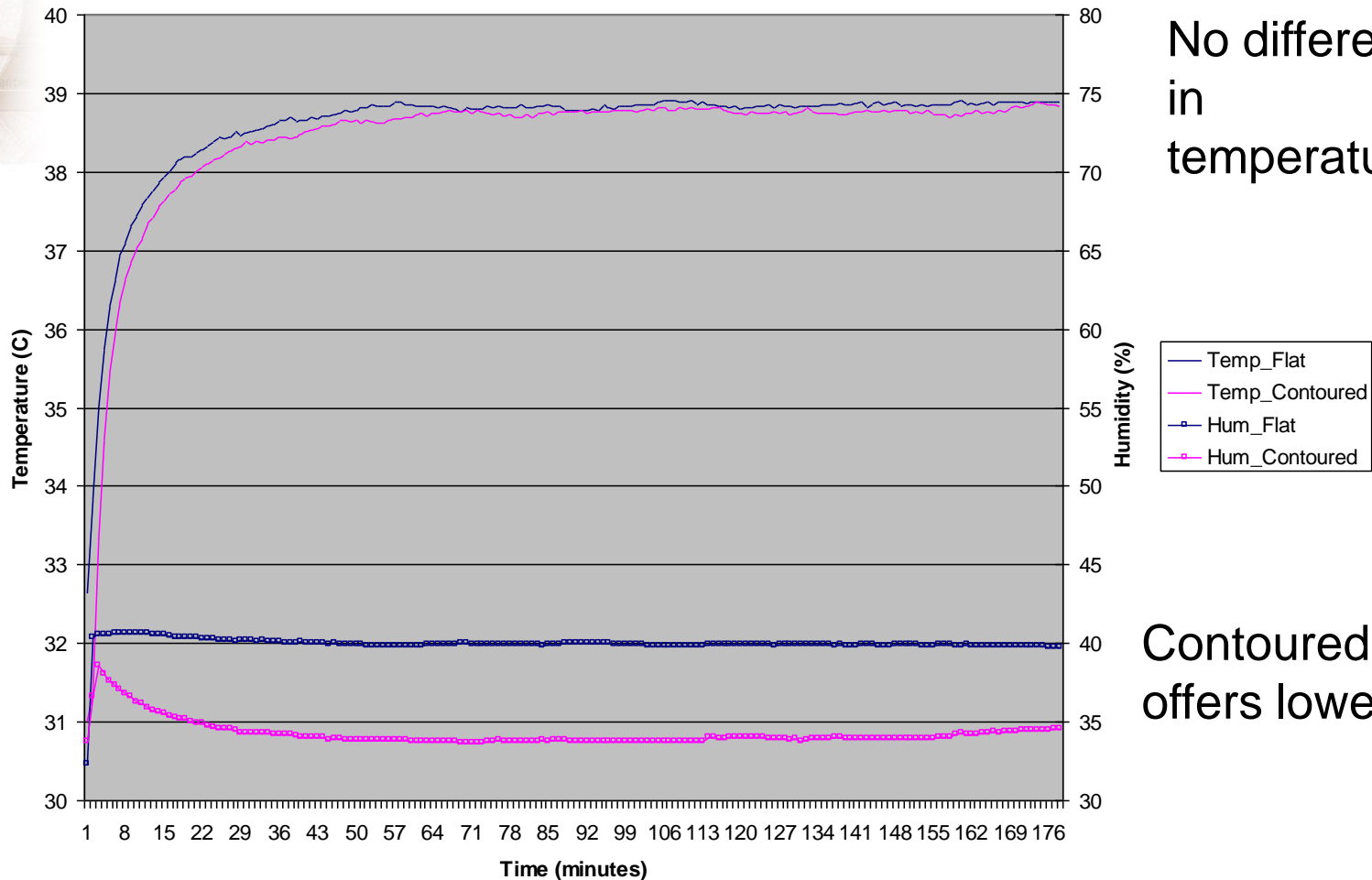


Heat & Moisture Vapor Test

The effect of contouring



Effect of Contouring



No difference
in
temperature

Contoured cushion
offers lower humidity



What does all this mean to you?

- Put patients/clients into postures in which they can do stuff
 - Movement unweights tissue so dissipates heat & alters normal and shear loading
 - ▶ Body handles dynamic loading better than static
- Support surfaces that cause sweating need to be re-evaluated
 - ▶ Shear, friction and temperature implications
- Pressure reliefs have at least 2 purposes:
 - Alleviate pressure and dissipate heat



Heat and Water Thoughts..

- Is the cushion material an insulator or conductor of heat?
- What are the variables? – clothing – climate-etc
- Is the cushion moisture resistant with and without the cover?
- Is there moisture trapped around the skin surface?
- Incontinent covers – pads – diapers?

Heat...

- The slide tracking a 24 hour period reflects a key relationship between weight shifting and heat build up/ dissipation
- The more weight shifting that a person does, the greater the heat dissipation
- So, when a client is experiencing and reporting a lot of sweating discomfort the clinical responsibility is to educate and be aware of the impact of the selected materials



Heat...

- The better the cushion is for envelopment, Immersion and magnitude, the bigger the challenge it can be for heat and moisture issues
- Add incontinence to this
 - There is a greater need for increased frequency of weight shifting



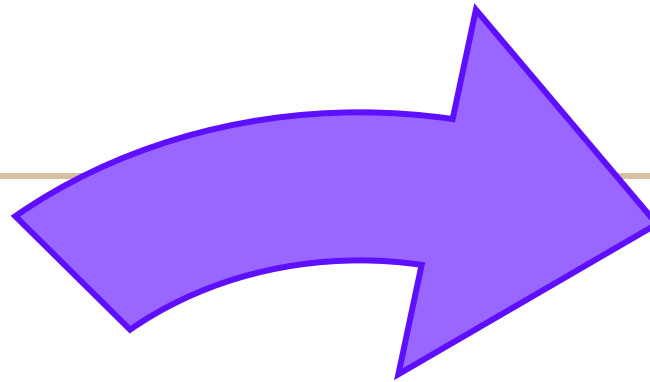


Clinical Summary...

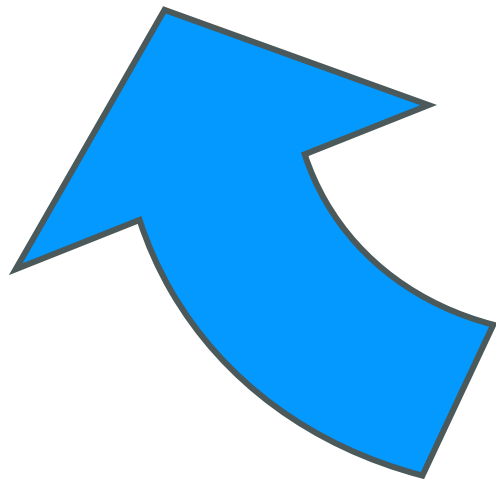
Immediately applicable take home messages



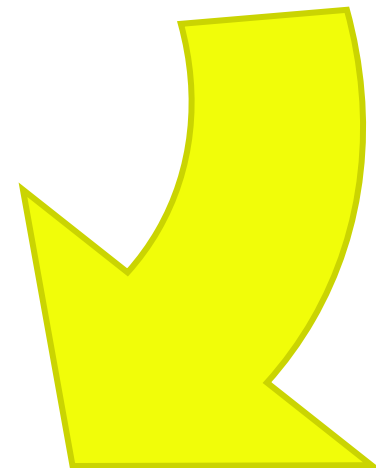
Load deflection
•Stiffness



Load redistribution
•Envelopment
•Immersion
•Magnitude



**Heat & Water Vapor
Dissipation**





Which Cushion to Choose?

- Think about level of stability needed
 - What happens when I move?
- Level of risk for skin issues
- Depth of immersion capabilities
 - Contact area provided?
- Envelopment
 - Even pretty colors....
- Magnitude
 - No red - ?? – remember – color means nothing
- How easy it is to customize?



Which one to choose?

- Can the client carry out all functional activities on the selected product
- IS IT COMFORTABLE? ...For the client!!

Questions..



Thank You for Your Attention

